

3. A. List **every permanent and temporary residence** at which you have lived during the **last three years**.
List in reverse chronological order, starting with your current address. Copy this page if necessary.

Current Residence:

From Mo/Year: To Mo/Yr:
Street Address:
City: State: Zip:

Former Residence:

From Mo/Year: To Mo/Yr:
Street Address:
City: State: Zip:

From Mo/Year: To Mo/Yr:
Street Address:
City: State: Zip:

From Mo/Year: To Mo/Yr:
Street Address:
City: State: Zip:

- B. List the City and State of **every permanent and temporary residence** at which you lived during the period from ten years until three years prior to this application. List in reverse chronological order. Copy this page if necessary.

From Mo/Year: To Mo/Yr:
City: State:

From Mo/Year: To Mo/Yr:
City: State:

From Mo/Year: To Mo/Yr:
City: State:

From Mo/Year: To Mo/Yr:
City: State:

From Mo/Year: To Mo/Yr:
City: State:

8. EMPLOYMENT HISTORY *(Make additional copies of this page if needed.)*

- A.** List your work as a **licensed attorney** since the time you became admitted in any jurisdiction. Do not include in response to this question work as a law clerk, paralegal, or other non-attorney positions.

From Mo/Yr: To Mo/Yr:

Firm or employer:

From Mo/Yr: To Mo/Yr:

Firm or employer:

From Mo/Yr: To Mo/Yr:

Firm or employer:

- B.** List every **other job (not practicing law)** you have held since age 18 or the ten-year period preceding this application, whichever is shorter. Include non-attorney legal employment (paralegal, law clerk), self-employment, internships (paid or unpaid), temporary or part-time employment and military service, as well as **all periods of unemployment**. We will NOT assume that you were unemployed just because you were enrolled in school. List all dates you were not employed anywhere, regardless of the reason.

From Mo/Yr: To Mo/Yr:

Firm or employer:

From Mo/Yr: To Mo/Yr:

Firm or employer:

From Mo/Yr: To Mo/Yr:

Firm or employer:

From Mo/Yr: To Mo/Yr:

Firm or employer:

- C.** You **MUST** complete a **FORM 8** for each employment listed in A and B above.

- D.** Have you ever been fired, asked to resign, or allowed to resign in lieu of involuntary discharge from any employment? **YES NO**
If YES, complete a **FORM 8** for that employment (even if not listed in A or B above) and explain in detail in an **Addendum Form** why you were fired or asked to resign.

REFERENCES

26. List five people, none of whom is listed elsewhere in this application or is a fellow law student, relative, or employer, who have known you well during the past five years.

Name:

Street or PO Box:

City:

State:

Zip:

Occupation:

Daytime Telephone:

E-Mail (if available):

Name:

Street or PO Box:

City:

State:

Zip:

Occupation:

Daytime Telephone:

E-Mail (if available):

Name:

Street or PO Box:

City:

State:

Zip:

Occupation:

Daytime Telephone:

E-Mail (if available):

Name:

Street or PO Box:

City:

State:

Zip:

Occupation:

Daytime Telephone:

E-Mail (if available):

Name:

Street or PO Box:

City:

State:

Zip:

Occupation:

Daytime Telephone:

E-Mail (if available):

Write verbatim the following paragraphs in your normal handwriting in the space provided below.

I understand that this Application is a continuing application and must state correctly and completely the information herein sought. No later than thirty (30) days after the happening of an event, I will file a written update to this application to notify the Board of Law Examiners as to any change in any respect to any information provided or sought in this application, or as to any incident which may have any bearing upon any information sought.

I acknowledge that any false, misleading, evasive, or incomplete response in the foregoing application is inconsistent with the truthfulness and candor required of a practicing attorney and may be grounds for a finding that I lack the requisite character and fitness for admission to the bar in Missouri.

I hereby swear (or affirm) under penalty of perjury, that all statements contained in this application are true and complete.

Signature of Applicant (must be notarized)

STATE OF _____)

COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me a notary public within and for said county and state.

My Commission expires: _____.

Notary Public

[Seal or stamp must be affixed.]